

No 73.

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A
Dissertation

on the management of the Placenta
after
Parturition.

by

Philip Walter of Penna?

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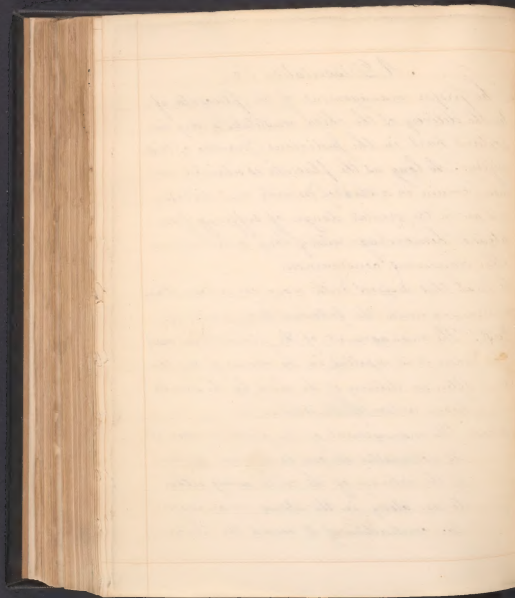
A Dissertation &c.

The proper management of the placenta, after the delivery of the child, constitutes a very important part in the judicious practice of Midwifery. As long as the placenta is retained, women remain in a state of anxiety and distress, and are in the greatest danger of suffering from uterine hemorrhage, and if long retained from other dangerous consequences.

To treat this subject with more convenience, it may be arranged under the following two heads, viz:

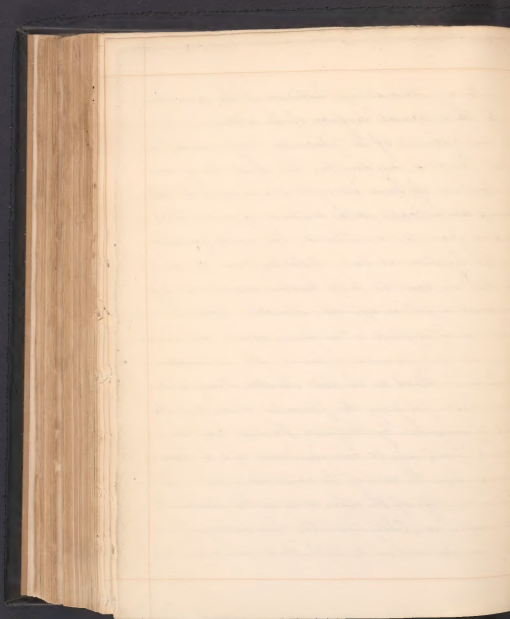
First. The management of the placenta, in cases where it is expelled in the course of one hour after the delivery of the child, by the spontaneous action of the uterus.

Second. The management of the placenta when it is not expelled in one hour from the time of the delivery of the child, owing either to an atony in the uterus; or an irregular contraction of it round the placenta;



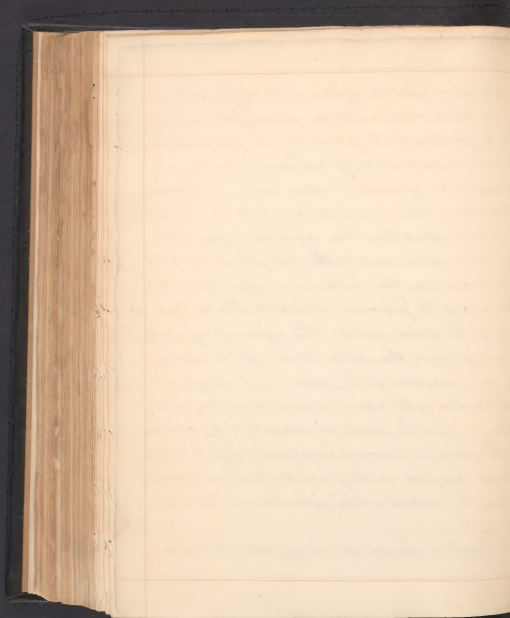
or to a preternatural adhesion of the secundines
to the internal surface of the uterus.

The management of the placenta proper under the
first head is very simple. The child being born
a ligature of some strength is to be applied to the
femur umbilicatis at the distance of about three
inches from the umbilicus. The reason for apply-
ing the ligature at some distance from the navel,
is that, in case the first ligature should slip off
a second might be applied. Another ligature
ought to be applied to the femur about two inches
nearer to the placenta, to prevent the unnecessary
effusion of blood on the bed. Another strong, addi-
tional reason, for tying the placental extremity of the
cord, is suggested by Professor James; that the
cords of twins might communicate, and the hem-
orrhage from the cord of the child born first, might
destroy the life of the other child in the uterus. It
is however not likely that the hemorrhage from
the placental extremity of the cord, would have any



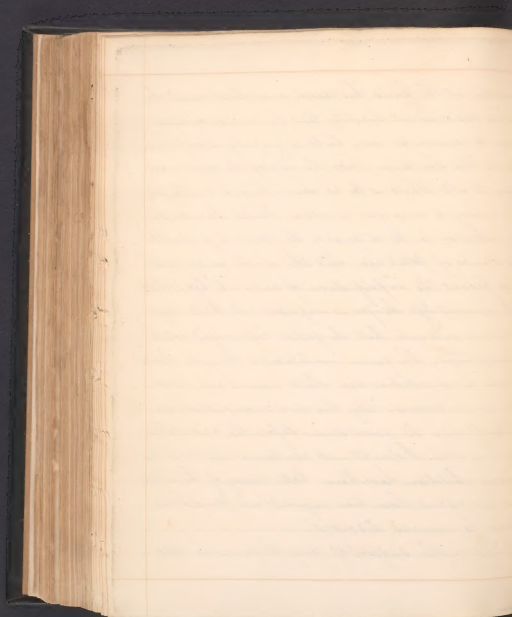
great effect upon the system of the mother, as there is no direct communication between ^{the} fetal and maternal portions of the placenta; at least this can not be proved to exist by ordinary injections, as agreed upon by most modern anatomists. Professor Kosack is however said, to hold a different opinion. Several reasons have been advanced by some, why the placental extremity of the cord should not be tied. They maintain, that, by the hemorrhage from the cord, the bulk of the placenta is lessened, and contraction of the uterus aided. This argument is probably more specious, than solid. Since both the separation and expulsion of the placenta depend upon the contraction of the uterus, it is not at all improbable that, by tying the placental extremity of the cord, the substance of the placenta being thereby kept turgid, the uterine surface at the place of attachment, is stimulated to contract, which separates and expels the placenta.

The ligature should not be applied until the pul-



sation at the funis has ceased, or at least until the child has cried out heartily, that the new circulation now to commence may be thus properly established. Until this has taken place the life of the child according to Mr. White is to be considered as merely potential, or as if it were yet in utero. Whilst there remains a pulsation in the arteries of the funis, it proves the existence of foetal life; and the existence of foetal life proves the imperfection of animal life. Whilst the animal life therefore is imperfect, Mr. White lays it down as a rule, that the foetal life ought not to be destroyed. The funis umbilicalis therefore should never be divided or tied, whilst there is any pulsation in the arteries. "By this most inconsiderate method of tying the navel string before the circulation in it is still, I doubt not (continues Mr. White) but many children have been lost, many of their principal organs have been injured, and foundations laid for various disorders."

Whilst on the subject of tying the funis, an obser-





to the same degree as the other side of the
the other side of the same is not a small
amount of the gold itself.

In the mean time the hand of an assistant
should be applied to the shoulder and the
upper arm which may assist in the
rotation of the arm. If the patient is not
able to move the arm up to the point
at which the hand is to be placed, the
operator should move the arm up to the point
at which the hand is to be placed.

hour; in fifteen or twenty minutes according to
the state of the patient and attention to the
operator. The time to give in the afternoon
is, in the morning, according to the state
of the patient. The time to give in the afternoon
is, in the morning, according to the state
of the patient.

In the afternoon, the patient should
be moved up to the point at which the
hand is to be placed. For this it is always
best to move the arm up to the point
at which the hand is to be placed.



When a pain is felt by the woman, we apply the
hand to the abdomen to ascertain whether the
pain is felt in a certain part of the organ.
After passing the cord several times round the
lower part of the upper hand, the fore finger of the
right hand is to slide up into the vagina
towards the insertion of the uterus.
If the insertion of the cord is near the uterus
we may not succeed but the hand has been
introduced into the vagina and the finger is
in the upper part of the vagina. Then we
may with gentle but gentle and gradually at
the cord to assist in bringing away the placenta
to which, with the finger of the right hand, we
in the mouth of the woman, as advised, have
in a side of the uterus the placenta. This is a
most important part of the operation. We are to the most skill
ful and careful, if he be not on his guard
at this moment. If however he find a
pain as felt in some place Professor James



recommends the speedy introduction of the hand
into the uterus, to carry up the placenta and expel
it thus, and the hand is expelled
and the hand is expelled.

The membranes are sometimes left in the ute-
rus after the extraction of the placenta, and may
prove a source of great alarm, both to the patient
and to her friends. As they generally come a-
way spontaneously in the course of a short
time little harm would result to the patient
from their retention: yet as this occurrence
might give rise to impressions prejudicial to
the reputation of the young practitioner, it
ought to be avoided. In order therefore to be
away the membranes with the placenta, we are
advised by Professor James that after ha-
ving brought the placenta to the external
orifice of the vagina we should turn it upon
its axis so as to twist the membranes
together and by these means to bring them to the



whole of the secundum. It sometimes hap-
pens that the lat. ends of the uterus to re-
pell the child, also separates and expels it
over to into the upper part of the vagina at
which it is retained either in consequence of the
placenta being unusually large or the exte-
rial parts being rigid and contracted which
they are still to be removed in full labour.
In such cases the practitioner may wait
till his patience is tired, yet no pains will
come on. If under such circumstances the
finger be slid up along the fundus the placenta
is felt low down, and the insertion of the cord
it may readily be perceived. In such
cases Professor Jones thinks it proper di-
rectly to proceed to the extraction of the pla-
centa by gently pulling at the cord and
the placenta is ripe by introducing the
finger and bending down first one edge
and then the rest of the placenta until it falls.



I shall next proceed to treat of the manage-
ment of the puerperal woman. The period of time
when delivery either is necessary or at least of
the utmost necessity is the last month of
pregnancy. The attention of the physician is
internal the force of the uterus. The placenta be-
comes of this nature very early in
the uterus for many hours before
for some days.

There is a confidence in the power of nature
have introduced a rule of conduct. The
flooding takes place. The placenta then is not to
be extracted. Others with equal zeal extract it &
bring away immediately after the
child. The safest practice seems to lie between
the two extremes. To leave the expulsions of the
placenta altogether to nature is a step attended
with great danger for as long as it remains
in the uterus it will continue to act as a
badly managed one. It then will



that is, in some of the places to which he pro-
tially a completely detached. The advantage is un-
likely to occur. But still advice to the states
the risk of the advantage is certainly to be
in these vessels only in the case of the
can be exposed; but we have no security
that this adhesion shall continue unbroken
for any length of time. As long then as the
States to it remains the war or is now free
from the risk of flooding. In many instances
has died from this cause before the States
came away; and its execution has been
been followed by fatal hemorrhage. Dr. Hahn
in his treatise on the management of puer-
peral lying-in women, relates several cases in
which the haemorrhage during the State was
expelled by natural means, was productive of fatal
hemorrhage although temporary and was
expected. This, although a dreadful accident is
not the only one arising from the retention





less against the acc. acts of Speculation, who suppose that nature is in every instance adequate to the accomplishment of her purposes. On the other hand daily experience must convince every one that there is no occasion for extracting the placenta immediately after the birth of the child, for it is usually expelled in perfect safety, within forty minutes after the child is delivered. Some are of the opinion that the hasty extraction is directly harmful, both as it is painful, and as it is sometimes followed by uterine hemorrhage and is rarely prevented by inversion of the uterus.

The practice then may be comprised in two directions; firstly, that we ought never to leave the placenta until the placenta be expelled, and secondly, if it be not expelled within an hour after the delivery of the child we ought to extract it. Dr. Parry however, should suppose we must interfere.



the, not being adjusted, it is sent to be
inquired how the situation of the placenta may
be preserved and how the fetus may be
delivered.

With regard to the first question it may be re-
solved that the placenta with all to be retained
is the expression of the state of the contracted state
of the uterus made to contract fully again.

As to the mode of retaining the placenta it
may be at no less of an accident that the con-
traction of the placenta is accomplished by the
contraction of the uterus.

The placenta however may be retained from
different causes. Among the occasional is the
too firm state of the uterus or by an increase
or spasmotic contraction of the uterus, thus
forming a tight band to the placenta it may
be retained in the uterus and not be
admission of a part of the uterus or of the placenta.



... of
... ..

The placenta is not expelled in consequence
- a brief State of
is to excite it to contraction. For this purpose
we are ... to pass the hand along ...
... the ... of the ...
and slide the ... gently
... the cord towards the
... sufficient to make the uterus contract
... the placenta. But if it do not, the
... introduced into the cavity of the uterus
... moved a little
Placenta at the same time
... at the
... ..
when the uterus is felt to contract
... ..
... ..
of uterus being excited to contract, it ...



If a woman, use if any force is used
to extract it is so dangerous. Attempts to bring
down the placenta by pulling strongly at the
cord within the hand & not when the uterine
muscles are not are always improper. When per-
sisted in they generally end either in the laceration
of the cord or the invagination of the uterus;
to guard against this latter accident
we should be particularly careful.

We attempt therefore should we wish to
bring away the placenta either by pulling at
the cord or by the hand or otherwise to
utero-ventral we are satisfied that the pla-
centa is relaxed, and the uterus in a state of
contraction. This can be felt by the hand per-
sistently to vacante. When we feel a
disposition in the uterus to descend
with the placenta, we are to carry it up aga-
in, support it until the uterus contracts,
so as to prevent the placenta from falling.



We should consider the fact is our mind
that we introduce the hand not so much
for the purpose of extracting the placenta,
as of stimulating the womb to expel its
contents; hence if we regard the
fetus as hostile we shall run the risk to do immense
mischiefs, excite flooding and immersion of
the uterus, and to leave the patient at least
for in a more dangerous condition than
she had been in.

This method of stimulating the uterus to
contraction by introducing the hand into
its cavity, is almost always painful to the
woman, disagreeable to the accoucheur and
not always as prompt in its operation as
might upon many occasions be desired,
thereby giving time for considerable haemorrhage
to take place, before the placenta
can be removed and with safety. Moreover
over the extraction of the placenta by the hand



may be not be not taken in the
of the uterus are followed by
inversion of the uterus.

When then it is evident from a careful ex-
amination per vaginam and of the uterus in
vagina that no contraction ^{has taken place} and that the placenta
is retained in consequence of an atonic
state of the uterus particularly after retention
and severe labor; when there are no
pains and the patient is threatened with
hemorrhage we ought to take measures imme-
diately to cause the prompt contraction
of the uterus and the expulsion of the pla-
centa. The internal use of the ergot is the
own to produce this effect very promptly.
Professor Farnes, under such circumstan-
ces recommends the extract (seeale cornu-
tum) in the dose of one scruple finely
powdered and mixed with any simple sy-
rup. He has frequently employed it and



...; having done so, we
in the speedy evacuation of the uterus
the expulsion of the placenta. An infusion
or decoction will not be found to be so
... in powder, and should therefore be
used in cases where floating is the disease
has actually occurred.

Except perhaps in very urgent cases, we
can almost always ascertain the state of
the womb after the delivery of the child, by
applying the hand to the uterine region.

If firmness is alone it has not in some
cases a more relaxed state, then
the uterine region feels relaxed though the
involuntary; we can perceive no firm con-
tractile mass within. This would be the case
in which the use of the ergot is attended
with the happiest effects.

There are however two circumstances
in which the ergot may be retained.



which require some modification of practice.
The first is where the placenta is retained by spasm or irregular contraction of the uterus and its contents, forming what has been called the lumpy class of contraction.

In this case when the hand is introduced along the cord through the os uteri towards the insertion of the cord into the placenta, the placenta is not retained; but the hand is led by the cord to a contracted part like a sac. This contracted os uteri beyond which a part is retained in which the placenta is retained. The retention from this cause is said by some to be owing to an irregular contraction of a mass of fibres below the placenta or to a contraction in the upper portion of the uterus. The latter it is said to be owing to a torpid state of the os uteri in which the fibres of the os uteri do not contract as the os uteri contracting normally and the uterus contracts round it as usual.



As this irregularity is not noticed by the mind, the
idea of the mind, there must be some cause that
determines the uterus to take on this irregularity
in its action. Is it not probable that a morbid
or prematurely firm adhesion of the placenta
may be the cause, at least in some instances of its
irregular contraction or its uterus. If we consider
that in order for the uterus to separate the placenta
from its surface, it is required that the uterine
fibre should contract strongly and uniformly
directly over the spot at which the placenta at-
taches. Since it happens that although the uterus
contracts strongly during the efforts made for
the expulsion of the foetus the placenta is not ex-
actly separated from the uterus. Because the u-
terine fibres are not contracted to the same ex-
tent as when it contracts upon a small body
such as the placenta after the expulsion of the
foetus. When ever therefore the uterus contracts
living for its at the placenta is not removed



what it must have the effect of upon the
law of the organ, because the placenta although
retained at quitting, has the nature of its own
tissue to the continuation of the uterine must ultimately
be resorbed or absorbed. If this view of the subject
is correct it would be evident that a placenta
remains a foreign substance of the organism to which
and the uterine contract with ordinary action in
the same contraction and a relation of the in-
terference result. It was also but a slight ad-
vance if the placenta exists as a separate or-
gan, giving this impediment, to the movement
of the uterine fibres over the part to which the
fetus ^{adheres} may determine the uterus to contract
round the placenta in the form of a ring.
Hence the placenta being retained in con-
traction of the uterus of contraction the stitches
in such a state the cord passes to the placenta
with no occasion to force the placenta out
except a ring. This may be accomplished in



gradual continued attempts to introduce
two or more fingers; these efforts in some in-
stances are perfectly safe. It will however be
observed that the hand at short intervals con-
tracts violently which is accompanied by pain
but this contraction is supposed to be a sign
and not the cause of the pain, not being the
source of it. During this state of resistance
one gives up attempts to draw the fingers
outwards. He must be satisfied with keep-
ing the fingers in their place by means of the
band which we have named. It is now
very proposed to remove the glass. To remove
the introduction of the hand is necessary to
succeed however succeed alone, but gives in
a short time may make the marauder attempt
to escape. Sometimes the sudden application
of a cloth dipped in cold water to the back
of the hand has the same effect. The night might, has
been a great success in some cases.



of retention from complete contraction by
stimulating the uterus to a more violent
contraction. Professor Barnes, in such cases
has no experience with the ergot, and
therefore cannot give his opinion, nor for
it might be useless.

The second circumstance to which attention
has been made, is an adhesion of the placenta
which usually is only partial. This may be
removed without a change of structure
but in general the structure is more or less
altered, the adhering part being denser than
usual, sometimes cartilaginous in consistence,
or ossified. The hand being introduced to the
position of the adhering part should not be
employed to detach it, nor by stimulating the
cervix between the placenta and the uterus
to expel it. It is better to press the hand upon
the surface of the placenta so as to stimulate
the uterus to contract more briskly.



that effort, or by gently rubbing as it were
pinching the placenta between the fingers
and the thumb it may be separated. If how-
ever the adhesion of the placenta is very in-
imate, we must not, in order to destroy it, scrape
and irritate the surface of the uterus but rather
rather to remove all that which does not ad-
here intimately leaving it not to be sepa-
rated by medicine. Smellie relates two cases
of this kind. In the first he brought away the
indurated portion but the woman died from
hemorrhage. In the second he left it, at-
tending, patient and the woman recovered. Sa-
muel Mott had also cases of this kind. In these
though the adhesion was very intimate he
brought away the placenta in pieces. But
in ~~dragging the placenta away~~ we are not
to use violence in pressure, nor attempt to
bring away the non-adherent portions.
A considerable time has elapsed and



cautious efforts have been made to remove
the entire placenta. but satisfied we are
of the existence of an obstinate adhesion.
Cases in which this conduct is ne-
cessary are very rare, and when they do occur
there is usually an indication of it adhe-
ring, &c. It is generally done off in a
partial state in fact, right hands.

Sometimes the placenta adheres when it is
usually soft and tender, and then we must
with particular care avoid harsh efforts by
which the placenta is to be torn away
part of it left behind which would be difficult
afterward; whereas by a little more violence
and gentle pressure on the surface of the pla-
centa the uterus must have been made to
tear off the whole. After the placenta is
removed a bandage should be passed so
tightly that round the uterus to keep off pressure.
the patient left to rest, and watched.



It sometimes happens that the whole or
a considerable portion of the placenta, from
an old ante delivery rupture means
employed to over come it is left in the uterus
for sometime and then the patient is seized with
hemorrhage. Hemorrhage is not the only
risk; for in many cases severe febrile hyper-
tension, diarrhoea, sickness, nausea, pain in
the loins, and fever have taken place,
and continued until the placenta was expelled
after which the patient began to recover. On
the other hand it has happened more than
once, that the placenta having been re-
tained for a length of time, has been ex-
pelled before these symptoms become
marked; but they have afterwards gradually
increased and carried off the patient. In
a case related by Mr. White the secondaries
after a miscarriage came away in a putrid state
on the fifth day, on the sixth the patient



was much oppressed. Had fatid stools as
often. Had symptoms. On the twelfth an eruc-
tion appeared and on the 13th the bowels moved.
However when portions of the placenta was
expelled, return the symptoms run so high
that the patient sinks under the disease as in
ordinary cases of Puerperia; with frequent exalta-
tion, burning heat of the hands and feet
profuse perspiration followed by violent
evacuation and death, or she dies with op-
erous symptoms similar to those of malignant fe-
ver, or is carried off suddenly by a convul-
sion or by an attack of hemorrhage. These
symptoms have a very indefinite duration
for sometimes the patient dies in a few
days in other instances they are pro-
tracted for two or three weeks. Dr. Ferri-
er's case is what the second case was re-
tained until the eight day when the patient
died. Her stomach rejected all food and



medicine she had a weak & good nature
temperament and submitted to medicine. In one
other case the placenta was retained until the
thirtieth day, and the patient died on the twen-
tieth. Sometimes no hemorrhage takes place
during the whole of the time, but occasion-
ally repeated hemorrhage does occur adding
greatly to the debility of the patient. To know
if rapid inflammation has come on, and
spread to the intestines. In some of these the
placenta has been afterwards expelled in or-
dinary discharges but very few have remained.
On inspecting the uterus it either been found
black as if it had been in a state of gan-
grene or high inflammation or suppuration
while the parts in the vicinity were in va-
rious stages and degrees of inflammation.
Since the retention of portions of it, in
certain cases is sometimes productive of such
formidable symptoms we should in every



case, be extremely solicitous to bring a-
way the whole of the disorganized.

When however these symptoms in continu-
ance of the retention of a portion of the pla-
centa have taken place, our object ought to
be to remove the cause and to support the
patient under the disease. By some how-
ever these symptoms have been attrib-
uted not so much to the retention of the pla-
centa, as to concomitant circumstances such
as injury done to the uterus by the hand
endeavouring to take away the placenta.
But we find precisely the same symptoms
to take place, when the whole of it, seems
to has been left without any attempt hav-
ing been made to remove it. They are pro-
duced when any substance is left to con-
tinue in utero. Similar symptoms are dis-
tinguished by Dr. Ventral to be produced when the head
of the child is left in utero. They continue



as long as this remains, and made as soon
as it is expected, passing the strong suture
the which exists between the uterus and the
lower surface of the ovary.

In order to remove the mass if possible, it may
be done by passing with the finger introduced
into the os uteri, whether any portion of
the placenta can be felt and removed, but
generally this cannot be done freely, for the
uterus itself as well as its mouth is hard and
contracted, and no violent or painful attempt
with the finger or hand ought to be made.
But whenever we can feel any part easily
upon any portion, we ought steadily to
try the endeavour to bring it out. If the
whole of the placenta have been left, such
attempts are still more successful, and often
succeed. In such cases whenever the
lochia become urgent, or when a large
mass, we ought to introduce the hand into



being any, a systematic course. The
subsequent efforts considerable resistance
to the introduction of the hand, in cases
where the retention has continued for some
days, but by very slow and gentle efforts
such as are scarcely felt by the patient, it
may be dislodged. Sometimes it yields more
easily, as I said at first, and is expelled. If how-
ever it be rigid as now, it is necessary we must
not use violence; but this condition of the
uterus is rarely accompanied with a relaxa-
tion of the uterine muscles.

If there should be uterine hemorrhage,
the os uteri soft and open; the uterus in-
creased in size, and a, probably,
that the placenta had become detached.
And, a dose of ergot might probably be
given with the greatest advantage.
If then a portion only of the placenta is
retained, we may devise advantageously



injecting frequently warm water, or a warm infusion of the white flowers or water with a very small proportion of muriatic acid added to it. These injections may be most effectually administered by forcing a small catheter to an inch or two into the rectum, or a syringe with a long tube may be employed.

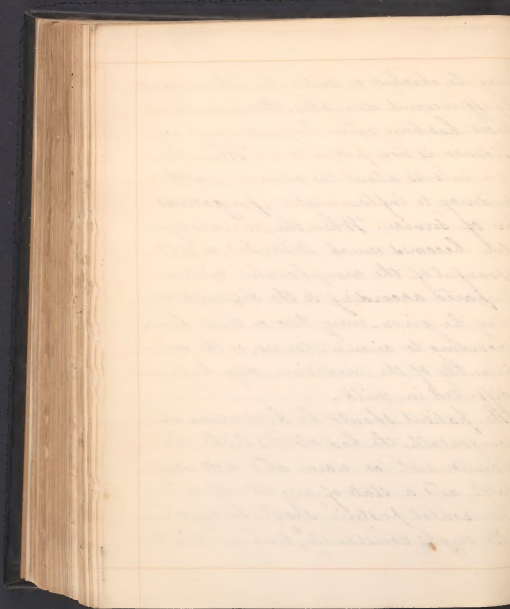
Sometimes the natural or artificial vomiting assists the evacuation, if the state of the patient does not forbid it, this remedy may be tried.

The Patient should be allowed the use of wine and some the vegetable acids and a mild light diet should be directed in small quantities at a time. The bowels ought to be kept in a healthy state by cathartics or laxatives. No opiates should occasionally be given to relieve irritation. Nausea and vomiting



may be checked or mitigated when urgent
by effervescent draughts. Bark, in small
doses, has been given, but not much con-
fidence is now placed in it. When there
is a fulness about the abdomen with a
tendency to inflammation, purgatives
are of service. When the nervous sys-
tem becomes much disturbed, a table-
spoonful of the camphorated mixture
prepared according to the dispensatory
may be given every two or three hours
according to circumstances, or the same
quantity of the medicine may be given
diffused in milk.

The patient should be kept clean and
comfortable, the bed clothes light, the
chamber not too warm and well venti-
lated, and a state of perfect rest and a
horizontal posture should be enjoined.
We ought constantly ^{to} bear in mind



during the whole of the process, that
the excellency of the management of the
placenta consists in bringing away
the secundines without exciting either
flooding or an inversion of the womb,
hence caution and deliberation on
the part of the accoucheur and pru-
dence on the part of the patient, are
required.

Finis.

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